

Iowa Free Milk Application

One Application per Household Effective July 1, 2005

Part 1. Children in School. If applicable, list FIP or Food Assistance Number

List Name(s) of all child(ren) enrolled in school		Date Of Birth	Grade	School Attending	Skip to Part 4 if you list a FIP or Food Assistance Number	
Last Name	First Name				FIP Number for each eligible child	Food Assistance Number

PART 2. Foster Child (Complete one application for each foster child.)

☐ If this application is for a child who is the legal responsibility of a welfare agency or court, check the box to the left and then list the designated amount of the child's personal use monthly income: \$ _____. **Skip to Part 4.**

PART 3. Total Household Gross Income: Report the Gross Income received weekly, every two weeks, twice a month, or monthly for each household member. Gross income is before taxes and other deductions and not take home pay. Also, report all Other Monthly Income.

List the names of everyone living in your household. (Attach a separate page if more space is needed.)		Age	Mark if NO Income	Gross Income Report income by how you are paid				Other Monthly Income		
				Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security, VA	All Other Income Last Month
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							
6.			<input type="checkbox"/>							

PART 4. Signature and Social Security Number (Adult must sign)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose milk benefits, and I may be prosecuted.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date Signed

Work Phone

Address

Town

Zip Code

Home/Cell Phone

My social security number is: ____ - ____ - ____

☐ I do not have a Social Security number.

Reporting your social security number is voluntary, but is necessary for approval when completing Part 3 of this application. If you **do not** have a Social Security Number, put a mark (✓) in the box. (See Privacy Act Statement on Free Milk Application Instruction page.) A foster parent completing this application for a child is not required to write his/her Social Security Number.

PART 5. Children's Racial and Ethnic Identities (optional)

Mark one or more Racial Identities ☐ Asian ☐ White ☐ Black or African American
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Mark one Ethnic Identity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

PART 6. DO NOT WRITE BELOW THIS LINE – For School Food Authority (SFA) use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12

Check or complete the box(es) when approving/denying the application.

☐ Household Total Income: _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Month ☐ Year Household Size: _____

☐ Food Assistance or FIP ☐ Categorical Eligibility (Foster Child/Migrant Child /Homeless Child)

☐ Temporary Approval (zero income) Date Temporary Approval expires (45 days): _____ Date Withdrawn _____

Eligibility Determination: ☐ Free ☐ Denied due to: ☐ Income over allowed amount ☐ Other: _____

Determining Official's Signature _____

Date: _____

hawk-i /Medicaid Information Form

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free milk can also get free or low-cost health insurance for their children.

The law now allows us to share your free milk eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free milk application for any other purpose.

You are not required to allow us to share information from your children's free milk application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free milk. If you do **NOT** want your information shared with Medicaid or **hawk-i**, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

I DO NOT want school officials to share information from my free milk application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Self-Employment Income Worksheet

This worksheet will assist you in calculating the amount to report if you engage in farming, a proprietorship or a partnership.

Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy may use their income tax records for the preceding calendar year as a basis for applying for the free milk. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

Also, if you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. As per example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free milk would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application it is not possible to have a negative income. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Items 13 and 14 should only be used once if a person is engaged in two or more types of business activities

Farming Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 18 - Farm income or (loss)	\$ _____
	Total A* \$ _____ *

Proprietorship Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
	Total B* \$ _____ *

Partnership Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
	Total C* \$ _____ *

***A negative income becomes zero. A negative amount from one business can not be subtracted from a positive amount in another business when calculating monthly income.** Self-employed income will be added together (a negative amount will be zero) and divided by 12 for an average monthly income. **Enter amount in the "All Other Income Last Month" column in Part 3 on front of Free Milk Application.**

NOTE: A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. **The least income possible is zero (no income).** Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application.

INSTRUCTIONS for completing the Free Milk Application One Application per Household - Effective July 1, 2005

If your household gets FOOD ASSISTANCE OR FIP, follow these instructions:

- Part 1:** List child(ren)'s name, date of birth, grade, school and a Food Assistance Number or FIP case number (off your Letter of Decision).
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** Use a separate application for each foster child. List the child's name, date of birth, grade, and school.
- Part 2:** Check the box and list the child's personal use monthly income, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List the child's name, date of birth, grade, and school.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Age:** List the age of each household member
- Check if No Income:** Put a mark in the box if the household member **does not** have an income.
- Gross Income:** **Gross income last month and how it was received.** Report the amount of income received in one appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.
- Other Monthly Income:** List the amount each person got last month from welfare, child support, alimony, pensions, retirement Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet to calculate net income for self-owned business, farm, or rental income and report in the **All Other Income Last Month** column. **Do not report:** Scholarships, educational benefits, children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Part 4:** An adult household member must sign the form. Reporting your social security number is voluntary, but is necessary for approval when completing Part 3 of this application. If you **do not** have a Social Security Number, put a mark (✓) in the box. See Privacy Act Statement below. A foster parent completing this application for a child is not required to write his/her Social Security Number.
- Part 5:** Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free milk. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Number, Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free milk, and for administration and enforcement of the Special Milk Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

[Insert School District Letterhead]

Dear Parent/Guardian:

The _____ School makes milk available every school day. Students may buy half pints of milk for \$ _____ cents.

1. **Do I need to fill out an application for each child?** No. Complete one Free Milk Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**
2. **Who can get free milk?** Children in households getting Food Assistance or FIP and most foster children can get free milk regardless of household income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines. The Special Milk Program is only available to students who do not have access to breakfast and/or lunch.
3. **Can homeless, runaway and migrant children get free milk?** Yes. Please call **[school, homeless liaison or migrant coordinator]** to see if your child(ren) qualify, if you have not been informed that they will get free milk.
4. **I receive Food Assistance and received a letter from the Department of Human Services; do I need to fill out an application?** No. You need only to complete the form from Department of Human Services and return it to the school your child will be attending.
6. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof.
8. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP or other benefits. If you lose your job, your children may be able to get free milk.
9. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number].**
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.
11. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

- 12. I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
- 14. What other benefits might I be eligible for?** Your child may be eligible for other benefits including **hawk-i** (children's health insurance) or for a waiver of school fees. Read the information on the back of the Free Milk Application for **hawk-i** information.
- 15. Can children with disabilities get food substitutions?** If a child has a disability, as determined by a doctor, and the disability prevents the child from drinking milk, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the beverage. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

If you have other questions or need help, call **[phone number]**.

*Si necesita ayuda, por favor llame al teléfono: **[phone number]**.*

*Si vous voudriez d'aide, contactez nous au numero: **[phone number]**.*

**Federal Income Chart
Effective July 1, 2005 to June 30, 2006
Free Milk**

Household Size	Yearly	Monthly	Weekly
1	\$12,441	\$1,037	\$240
2	16,679	1,390	321
3	20,917	1,744	403
4	25,155	2,097	484
5	29,393	2,450	566
6	33,631	2,803	647
7	37,869	3,156	729
8	42,107	3,509	810
each add'l person	+4,238	+354	+82

Households: If your total household income is below the limits listed above, your children may be eligible for free milk.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.